

Application No. 10/803,107  
Petition to Withdraw from Issue dated October 5, 2007

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****In re Application:**

Inventor(s): John A. Clark

SC/Serial No.: 10/803,107

Filed: March 17, 2004

Title: Adjustable Shift Lever Assembly

**PATENT APPLICATION****FAX RECEIVED**

Examiner: V. Johnson

Art Unit: 3682

OCT 05 2007

**OFFICE OF PETITIONS****Certificate of Facsimile Transmission**

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(Attorney Signature)

Jill L. Robinson, Reg. No. 34,911

Signature Date: October 5, 2007

Mail Stop Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

**Petition to Withdraw from Issue under 37 CFR 1.313(c)**

Applicant respectfully requests that the above-referenced application be withdrawn from issue for consideration of a Request for Continued Examination filed herewith which was necessitated by discovery of prior art not previously disclosed because of a miscommunication between the Applicant and Attorney. The fees required under 37 CFR 1.17(h) and 1.17(e) are also submitted herewith.

10/05/2007 15:20 FAX 19253769515  
10/05/2007 15:20 FAX 19253769515  
00 00 1450

Respectfully submitted,

Date: October 5, 2007

Jill L. Robinson  
Reg. No. 34,911

Jill L. Robinson  
Attorney at Law  
95 Shuey Drive  
Moraga, California 94556  
Telephone: 925-376-8481

PTO/SB/21 (10-07)


Approved for use through 10/31/2007. OMB 0651-0031  
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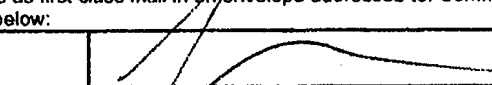
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/803,107	<b>FAX RECEIVED</b>  OCT 05 2007  <b>OFFICE OF PETITIONS</b>
	Filing Date	March 17, 2004	
	First Named Inventor	Clark	
	Art Unit	3682	
	Examiner Name	Johnson	
Total Number of Pages in This Submission	5	Attorney Docket Number	HAMM 1010

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE
Remarks Petition to Withdraw From Issue		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Jill Robinson		
Signature			
Printed name	Jill Robinson		
Date	5 October 2007	Reg. No.	34,911

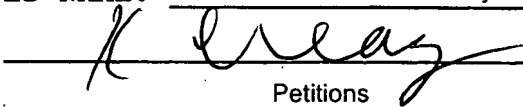
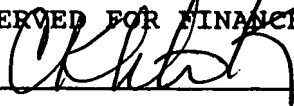
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Signature			
Typed or printed name	Jill Robinson	Date	5 October 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REQUEST FOR PATENT FEE REFUND										
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3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
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	Petition		10-5-07	\$ 130						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
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	Other <u>RCE</u>		10-5-07	\$ 405						
7 TOTAL AMOUNT OF REFUND			\$ <u>535</u>							
8 TO BE REFUNDED BY:			<u>CC</u>							
10 REASON:		Treasury Check								
	Overpayment	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
		--								
	No Fee Due (Explanation):									
<u>Petition dismissed as moot.</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>								
SIGNATURE: <u></u>		PHONE: <u>2-3208</u>								
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